

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

10038

FILED APR 12 1940

Registration District No.

26

Primary Registration District No.

3002

Registrar's No.

31

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days /
(Specify whether
In this community 50 Years
years, months or days)

3. (a) PRINT
FULL NAME

Henry Johnson

525

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

Male

5. Color or

race Colored

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Mary E. Johnson

6. (c) Age of husband or wife if

alive 71 years

7. Birth date of deceased

November 17, 1867

(Month)

(Day)

(Year)

8. AGE:

Years

72

Months

3

Days

20

If less than one day

hr.

min.

9. Birthplace

Fulton

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Janitor

11. Industry or business

MOTHER FATHER

12. Name

Henry Johnson

13. Birthplace

M

(City, town, or county)

Kentucky

(State or foreign country)

14. Maiden name

Maria Cullen

15. Birthplace

Kentucky

(State or foreign country)

16. (a) Informant's own signature

Henry Johnson

(b) Address

Mexico, Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Mar. 10, 40

(Month) (Day) (Year)

(c) Place: burial or cremation

Elmwood, Mexico, Mo.

18. (a) Signature of funeral director

Paul E. Corry

(b) Address

Mexico, Mo.

19. (a)

March 9-1940

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 402 N. Wade
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 1940 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from
1-23-40, 1940, to 3-8, 1940
that I last saw him alive on 3-8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration
freed by operation

Due to Gangrene of foot
arterio-sclerosis
Due to Endo cr. dist. b. h.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations Amputated Leg
Leg. upper third of thigh
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Paul E. Corry (M. D. or other) 1

Address Mexico, Mo. Date signed 3-9-40

RECEIVED

District Health Officer No. 10

District File Number 4-40-781

Date Filed APR 9 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Earl E. Precht

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.